

Myths, Facts, & Illicit Drugs:
What You Should Know

Ecstasy:

**What's All the
Rave About?**



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov**

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) developed this booklet, a VHS videotape, and a PowerPoint presentation to provide useful information on what ecstasy is, what it does, and why it seems appealing and is dangerous. These products may be used separately or in combination. The 30-minute video includes highlights from the *Ecstasy: What's All the Rave About?* national 90-minute teleconference. The PowerPoint presentation is available for downloading from SAMHSA's Web site, <www.SAMHSA.gov>, by clicking on Campaigns and Programs and going to the Drug Facts icon. The video can be previewed at this site. Both the video and booklet can be ordered by calling SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686. Some uses of this booklet are listed on the inside back cover.

The goal of this set of products is to help parents, families, and communities understand this addictive drug and mobilize prevention programs. SAMHSA will be developing similar products for each of the four drug-specific teleconferences in the series *Myths, Facts, & Illicit Drugs: What You Should Know*. The topics include methamphetamine, ecstasy, heroin, and marijuana. This series is sponsored by the Office of National Drug Control Policy (ONDCP), SAMHSA, the National Guard Bureau's Counterdrug Office, the National Institutes of Health's National Institute on Drug Abuse (NIDA), and the Community Anti-Drug Coalitions of America (CADCA).

Ecstasy Q and A

Use of the drug ecstasy is one of the most rapidly growing phenomena in today's drug scene. Over the last decade, ecstasy has become a favorite among young party goers. Use of ecstasy is now expanding into the social mainstream to include use by adults in many settings. Much of ecstasy's popularity is based on the widespread misconception that it is a harmless aid to social activities and self-awareness. Some mistakenly see it as an alternative to more dangerous drugs. These views pose special

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challenges for parents, community members, and others trying to prevent substance abuse.

Although more research is being done, we know enough about ecstasy to be certain that using it is risky. There are immediate

dangers of bodily harm; deaths have resulted from ecstasy use in the hot, crowded atmosphere of dance parties. Over time, this drug may cause drug dependence and weakened memory.

What Is Ecstasy?

Ecstasy is one of several illicit "club drugs," so-called because they were once used almost exclusively at dance clubs, bars, and all-night techno-music dance parties known as raves. Other popular club drugs, which vary in their effects as well as their chemistry, are GHB, Rohypnol (flunitrazepam), and ketamine. Use of these drugs has expanded to college campuses, home parties, and other gatherings.

Ecstasy goes by many street or slang names, including XTC, X, E, Adam, Clarity, Go, Truck Driver, Rhapsody, Disco Biscuits, Cristal, Essence, Echoes, Hug Drug, and Love Drug.

In its purest form, ecstasy—3, 4 methylene-dioxymethamphetamine (MDMA)—is a white crystalline powder with a slightly musty odor. MDMA produces effects similar to those of the hallucinogen mescaline and the stimulant amphetamine, or speed. As a result, ecstasy combines an energizing effect with feelings of euphoria and a heightened sense of touch, smell, sight, and sound. The negative effects of MDMA are discussed later in this booklet.

MDMA produces effects similar to those of the hallucinogen mescaline and the stimulant amphetamine, or speed.

MDMA is thought to work by boosting the levels of two important brain chemicals—serotonin and dopamine—that affect mood and muscle control and add to feelings of well-being and pleasure.

Ecstasy often is referred to by its many “brand” names, represented by symbols stamped on tablets that come in a variety of colors. People who traffic in ecstasy use these names and symbols to market their brands and to try to make the drug more appealing. The different brands vary widely in strength and content, and provide a variety of sensations. These black-market tablets frequently contain other dangerous substances instead of or along with MDMA.

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Ecstasy is typically swallowed as a tablet or gelatin capsule, but it also is available in powder form, which is snorted,

Where Does Ecstasy Come From?

Ecstasy originated in the early 1900s when MDMA was patented in Germany. Because of its side effects, it never was marketed. In the 1970s, it surfaced as a psychotherapy tool. By the 1980s, use of MDMA increased as some therapists claimed that it enhanced communication.

During that time, MDMA started to become available on the street and to be used as a recreational drug. Based on early research about the

effects of MDMA and its rising casual use, Federal regulators turned their attention to the drug. They determined that MDMA had no accepted medical use and a high potential for abuse. In 1985, MDMA was classified as a Schedule I illegal drug—the most restrictive drug category. Heroin and LSD are also Schedule I drugs.

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With the rise of the rave phenomenon, MDMA gained wide popularity as a club drug. It became widely known as ecstasy. The term MDMA typically refers to the drug in its purest form. Ecstasy is the common name for MDMA in its many forms or varieties. The terms ecstasy and MDMA both appear in this booklet.

...people trafficking in this illicit drug sell the tablets—produced in Europe for less than a dollar—for \$20 to \$40 apiece.

Most of the MDMA consumed in the United States is produced in clandestine labs in the Netherlands and Belgium, and shipped to the United States by organized crime syndicates. Once the

MDMA reaches the United States, people trafficking in this illicit drug sell the tablets—produced in Europe for less than a dollar—for \$20 to \$40 apiece.

The Drug Enforcement Agency and U.S. Customs Service seized more than 12 million tablets of MDMA in 1999, compared to 1.2 million tablets of the drug seized in 1998—a tenfold increase in 1 year.

(Federal Drug Identification Network)

Why Do People Use Ecstasy?

Despite ecstasy's harmful consequences, users are attracted to the drug because it combines stimulation with euphoric feelings of affection, warmth, and love. These feelings reflect the motto of many rave enthusiasts—P.L.U.R. (peace, love, unity, and respect). As the drug dramatically increases energy levels, it reduces the perceived need to eat,

drink, or sleep. As a result, users are more able to endure marathon dance parties.

Beyond the club and rave scenes, some young people and adults have begun using ecstasy at home and in other social settings. Ecstasy users experience an initial rush followed by a process called “rolling,” which is characterized by waves of calm, positive feelings that can last 2 to 6 hours.

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Typical effects of ecstasy include:

- Increased feelings of well-being, peacefulness, and friendship
- Reduced anxiety
- Enhanced self-confidence
- Enhanced introspection
- Greater empathy for and acceptance of others
- Increased emotional and physical energy
- Increased desire for physical contact and visual stimulation
- Heightened awareness of touch, sight, and sound
- Intensified reactions to light, colors, and images.

Part of MDMA's popularity comes from many users' mistaken belief that ecstasy is neither a drug nor harmful. Ecstasy advocates suggest that it does not bring the severe effects of many other drugs. They say, for example, that it does not cause confusion or paranoia like marijuana, trigger bizarre or aggressive behavior like PCP, or leave users agitated and “wired” like cocaine. Those who promote ecstasy as a benign “feel-good” pill say that it helps users think more clearly. In fact, however, ecstasy can be a dangerous drug of abuse.

What's the Downside?

Ecstasy causes changes in the signals sent by the brain. As a result, the

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drug reduces the body's ability to regulate its temperature and water content. In the hot, crowded conditions of a rave or dance club, ecstasy users are at increased risk of

overheating and dehydration. Users often don't realize their body is losing water—specifically the electrolytes in water—and getting too hot.

The National Institute on Drug Abuse (NIDA) has reported MDMA-related deaths associated with body temperatures as high as 109 degrees Fahrenheit. The water loss that results from high fever causes most ecstasy-related deaths.

In contrast, on extremely rare occasions, excess water retention may cause seizure, brain swelling, coma, and even death. Although this phenomenon is not common, it has received heavy media coverage in some communities.

Ecstasy's immediate downside is becoming more apparent. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that ecstasy-related visits to emergency rooms rose from 250 in 1994 to 2,850 in 1999, an elevenfold increase.

(Drug Abuse Warning Network, SAMHSA, 2000)

Claims promoting the use of ecstasy also ignore some other serious and immediate problems. Large doses of ecstasy can cause anxiety, panic, and depression. However, any use of ecstasy can cause increased heart rate and blood pressure, nausea, loss of appetite, jaw tightness, and compulsive chewing and teeth clenching. These effects place a strain on a user's body. Because teeth grinding and tension in the jaw can last several hours, damages may include grinding the enamel off teeth and damaging the jaw's structure. Some ecstasy users report chewing the insides of their mouths after using the drug.

Some people are more susceptible to the ill effects of ecstasy than others. The risks of MDMA or similar drugs are greater for those with high blood pressure, heart conditions, hypertension, diabetes, asthma, epilepsy, or depression or other mental illnesses. Users who do not know they have one of these conditions do not realize how much risk they are taking.

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It is important to remember that pure ecstasy is a dangerous drug that changes the brain and produces harmful physical effects. The addition of other substances—knowingly or unknowingly—increases the dangers. Ecstasy use can become more hazardous when a user

knowingly combines it with another drug. A dangerous example is using ecstasy along with LSD; this is known by the slang terms “rolling and trolling” and “candyflipping.”

Danger rises because users can't be certain what's in an ecstasy pill or how strong it is. Pills sold as ecstasy sometimes contain other substances instead of MDMA. Unidentified ingredients may include aspirin and caffeine as well as PMA (para-methoxy-amphetamine, 4-MA), a very powerful and dangerous stimulant, and DXM (dextromethorphan), a common cough suppressant that, in large doses, causes hallucinations, inhibits sweating, and causes heatstroke. Sometimes, without the user's knowledge, MDMA may be mixed with other stimulants, such as methamphetamine, or with hallucinogens such as LSD and PCP.

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Testing that may be available at some raves does not provide enough information about what is in an ecstasy pill. Users who rely on these tests deceive themselves because they unknowingly may be exposing themselves to other harmful drugs:

- The test commonly used can show if a pill contains MDMA or a chemically similar substance.
- The test, however, cannot tell reliably if a specific pill contains MDMA rather than another MDMA-like chemical.
- The test is not consistently accurate in determining how much or what other drugs/chemicals have been added.

Individuals differ greatly in their reactions to ecstasy. The effects can vary according to the person's mood, expectations, and experience with ecstasy; the dose and purity of the drug; and the environment in which it is taken. Although it is rare, people have been known to have

What Comes After the High?

The most common after-effect of using ecstasy is a hungover feeling. The day after taking the drug, most users feel depressed and slow, or

“E-tarded.” Regular weekend users of ecstasy often have mid-week depression that they refer to as the “terrible Tuesdays.” Some reports indicate that marijuana may be used during this phase.

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For days—sometimes weeks—after taking ecstasy, users also can experience:

- Difficulty with short-term memory
- Lack of concentration
- Irritability
- Moodiness, anxiety, and paranoia
- Facial muscle pain (resulting from involuntary tooth grinding and jaw clenching)
- Loss of appetite
- Insomnia or drowsiness
- Muscle aches
- General tiredness
- Loss of balance
- Headaches.

Regular weekend users of ecstasy often have mid-week depression that they refer to as the “terrible Tuesdays.”

Users may face more serious risks with MDMA, especially in the long term:

- Physical symptoms such as involuntary teeth clenching, nausea and vomiting, chills or sweating, faintness, blurred vision, and rapid eye movement
- Psychological difficulties such as confusion, depression, sleep problems, severe anxiety, hallucinations, irrational thoughts, and paranoia.

(NIDA *Infobox*, MDMA [Ecstasy], April 2001)

Does Ecstasy Have Any Lasting Effects?

Ecstasy is a relatively new drug. However, growing scientific evidence and opinion suggest that this drug also can lead to long-term problems.

As a user seeks to repeat the initial experiences with ecstasy, the body may build “tolerance” to the drug. That is, a person may find that taking the drug more often or in greater amounts is needed to achieve similar

euphoric and energizing effects. Some experts believe that, under certain circumstances, dependency is possible. For example, people who become accustomed to socializing while on ecstasy may feel unable to communicate, make friends, or enjoy themselves without using MDMA or a similar drug.

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Ecstasy can create serious health risks.

Evidence from some studies suggests that—over time and at high doses—ecstasy can cause long-lasting changes in the brain. Some scientists believe that pure MDMA, in large enough amounts, can cause brain damage, with effects including decreases in certain kinds of memory, ability to learn, and intelligence. They say these problems appear to be caused by changes to nerve cells in the brain that release serotonin. Thus, the ultimate impact of ecstasy must be documented by additional scientific research.

Understanding Drug Addiction

Drug addiction sometimes is called substance dependence. The process of addiction may be occurring when users view a drug, with its sensations and mind-altering effects, as an essential part of their lives. Addiction develops gradually with ongoing drug use and often is masked by denial. In general, the characteristics of addiction include:

- Compulsion, with loss of control
- Continued use despite negative consequences
- Craving, with fixation on getting and using the drug
- Denial, with distorted judgment regarding the risks and consequences.

Physical dependence should not be confused with drug addiction. Physical dependence involves users needing a drug to perform daily activities and to avoid unpleasant withdrawal when the drug is taken away. Physical dependence typically is not seen with MDMA.

Who Uses Ecstasy?

The 2000 National Household Survey on Drug Abuse, conducted by SAMHSA, estimated that 6.4 million Americans had tried MDMA at

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least once. Those between 18 and 25 years old reported the heaviest use.

MDMA use is expanding to a wide variety of people. Data

from NIDA's Community Epidemiology Work Group confirms that MDMA is spreading quickly into more "traditional" social settings in both urban and suburban populations. In addition to teenagers and college students, ecstasy use has risen among people in various groups:

- Some in their 30s and 40s who represent many professions—from the music industry to investment banking—have adopted ecstasy as the social drug of choice.
- Some gay men began using ecstasy some time ago and have made the drug an accepted part of club-going and other social life.
- Some use ecstasy in search of spiritual enlightenment and artistic expression.

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Most youth do not use MDMA. However, the number of young people using MDMA increases during the teen years. Although the overall percentage of male and female high school students who use MDMA is similar, there are differences among other groups. NIDA's 2000

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Monitoring the Future Study (MTF) showed that ecstasy

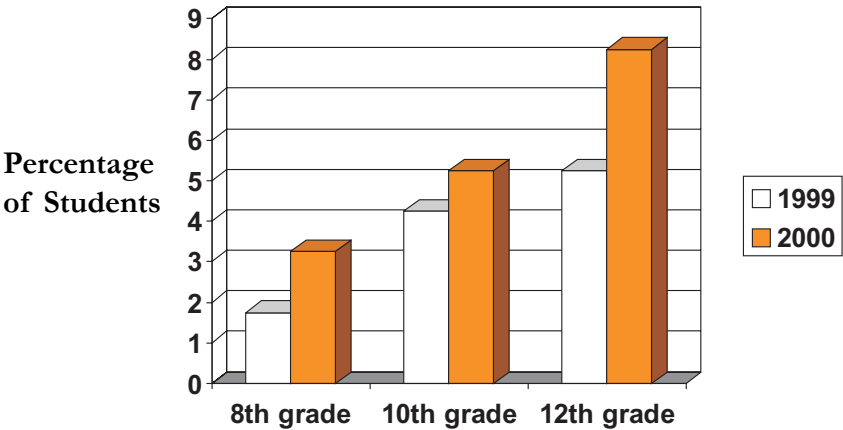
use is most widespread among white, upper middle-class youth. In contrast, African-American students were less likely than white or Hispanic students to use ecstasy.

The rise in ecstasy use contrasts with high school students' use of other drugs, which has remained steady or decreased in recent years.

According to MTF, the percentages of students using ecstasy in the past year rose substantially from 1999 to 2000. This chart illustrates that, in both years, 12th graders reported the most students actually using

ecstasy. At the same time, eighth graders registered the largest increase in the percentage of students using MDMA. In 2000, the number of eighth-grade students using ecstasy increased 82 percent compared to the number who had used it in the previous year.

Percentage of 8th, 10th, and 12th Graders Using Ecstasy in the Past Year: 1999 and 2000



(Monitoring the Future, 2000)

The MTF results also provided further evidence that ecstasy use is a national phenomenon. MDMA use among students first drew attention in the Northeast. However, the year 2000 brought significant increases in other regions. The increase was particularly striking in the West, where 14 percent of 12th graders said they had used MDMA in the past 12 months.

Recognizing Ecstasy Use

Ecstasy may not produce some of the typical telltale signs of other substance use, such as odor or bloodshot eyes. Other possible signs, such as mood swings or slurred speech, are not unique to ecstasy. However, ecstasy use does provide some immediate and longer-term clues:

- Tooth grinding
- Mood swings
- Slurred speech
- Poor memory and lack of concentration
- Academic slumps.

Dancing and other vigorous activity combined with ecstasy use often lead to drinking unusually large amounts of water and to symptoms of dehydration, including:

- Sudden irritability
- Giddy feelings
- Faint cramps in the legs, arms, and back
- Passing little or dark-colored urine
- Vomiting
- Lack of sweating

In many communities, “rave culture” is widespread and not necessarily an indication of MDMA acceptance or use. However, some equipment and clothing have been associated with ecstasy:

- Pacifiers (chewed on to relieve jaw clenching)
- Surgical masks and mentholated rub (fumes are inhaled for a cooling effect and to intensify the high)
- Neon glowsticks (used for visual stimulation)
- Brightly colored beads worn by rave enthusiasts
- 5-HTP (a food supplement taken to offset ecstasy-induced depression)
- Clothing showing ecstasy symbols or the letters P.L.U.R.

What Treatments Are Effective for Ecstasy Use?

For short-term or crisis situations, no specific treatment exists for ecstasy’s side effects or for an ecstasy overdose. The best that doctors

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can do is to treat the symptoms. Because ecstasy has both stimulant and hallucinogenic properties and the content of ecstasy pills varies so much,

doctors often find it difficult to distinguish MDMA from other drug use. Uncertainty increases when ecstasy users are brought to an emergency room unconscious or are unsure about what they have taken.

Medications and treatments specific to ecstasy have not been developed for long-term use or for possible dependency or addiction. However,

cognitive behavioral therapy is one psychological approach that often is used successfully in drug treatment. This well-documented approach focuses on helping patients recognize and change problem behaviors and thinking patterns. Self-help groups also may be beneficial. Because MDMA does have stimulant properties, its use and treatment might be expected to follow a pattern similar to that of addiction to other stimulants. SAMHSA's *Treatment for Stimulant Use Disorders: Treatment Improvement Protocol (TIP) #33*, contains more information on those treatment approaches (listed in Materials).

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How Can Parents and Caregivers Prevent Young People From Using Ecstasy?

Parents and caregivers can make a big difference in how young people deal with ecstasy and other drugs. A stable home life, especially a warm and caring relationship between parents and children, and appropriate

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parental supervision often help children and adolescents stay away from drugs. Youth who experience severe or long-term family conflict are more likely to be distressed than other

children. As a result, they may look elsewhere for support, acceptance, and diversions that may not be in their best interests.

A good relationship with children includes showing an interest in them and their activities. This means spending time together talking about things that are on the minds of both parents and children. Discussing friendships and relationships with other young people can help children and adolescents deal with stressful situations. By taking a positive approach—letting young people know that they and their accomplishments are appreciated—adults can make a big difference.

Part of this continuing dialog is to let children know what is expected of them, whether it is chores, manners, the kinds of friends they make, or the things they do. Parents don't like to think that their children might

use drugs, and this can be a difficult topic to bring up. However, it's important that children know where their parents stand regarding drug use.

When discussing drugs with children, it's important to have the facts. This is especially true in the case of ecstasy, given its special appeal to young people and the incorrect idea that it's harmless. Adults can help children practice ways to refuse drugs. Parents and caregivers also should be good role models. Letting children know the limits of acceptable behavior works best when parents behave the same way.

Being observant can go a long way toward preventing substance abuse. Knowing where children are and whom they are with is essential. Parents should be on the lookout for unexpected changes, too. Has a

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child begun keeping a different schedule? Making new friends can be great for a child. However, getting to know all of a child's friends and communicating with their parents is

vital. Although changes in attitude, school performance, and participation in hobbies and school activities are common in young people, changes can be important clues to the direction a child is taking. Parents should be alert to any ecstasy- or other drug-related clothing, equipment, or slogans.

Monitoring and communication are especially important if a child is attending raves or similar events. Parents also should be aware that, although raves sometimes are advertised as "alcohol-free," these events still may include drug use by some participants.

Knowing where children are and whom they are with is essential.

If parents or caregivers discover their child is using drugs, it's urgent that they take action. The longer parents ignore the facts, the harder it becomes to solve the problem.

Advice to Parents

Know the facts. Being well-informed will help you counteract the popular myths that a child may believe about ecstasy.

Be alert for any and all signs of ecstasy use. Even though changes in mood, attitude, friends, sleep patterns, memory, and school work are common during the teen years, monitor those changes. Also, be aware of rave attendance and possible uses of ecstasy-related items.

Be ready to take action. If you suspect a problem, waiting and doing nothing can allow it to get worse.

What Can Communities Do To Prevent Ecstasy Use?

Community efforts play an important part in substance abuse prevention. Many government departments and agencies at the Federal, State, and local levels are committing resources to prevent problems related to ecstasy and other drugs. Community members involved in prevention efforts recognize, however, that government alone cannot do the job.

Most communities have many established resources that can help in substance abuse prevention.

A starting point is agreement that a problem exists and that something can be done about it. Once a community

decides to take on a substance abuse issue, action can be planned. Groups then can cooperate to build on the community's particular strengths and preferences.

Prevention planners can find a variety of materials and action steps through SAMHSA/CSAP's Decision Support System at <www.SAMHSA.gov> (click on Prevention, and then Prevention Decision Support System). SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) is another excellent resource (call 1-800-729-6686 or go to <www.SAMHSA.gov> and click on Clearinghouses, NCADI).

With regard to ecstasy, communities might start by making sure that people are aware of the drug's popularity and the problems that it causes. Various organizations can help educate parents, other caring adults, young people, and the public. Most communities have many established resources that can help in substance abuse prevention. Parent groups, youth-serving organizations, faith communities, media, schools, public health agencies, service groups, professional organizations, law enforcement, recreational programs, medical personnel, treatment professionals, businesses, political leaders, and other

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interested groups or individuals are important parts of the prevention picture.

While many prevention activities focus on individuals or on families, other community-based approaches focus on changing the overall substance abuse environment. Regulations, laws, enforcement, the physical environment, expressed community values, schools' expectations for students, and media messages are typical parts of a community approach.

One organization promoting and coordinating this work across the country is the Community Anti-Drug Coalitions of America (CADCA). Call CADCA's office at 1-800-54-CADCA or visit the Web site at <www.cadca.org> to contact CADCA members in your area and obtain tools for coalition building.

Basic Steps in Community-Based Prevention

Based on SAMHSA/CSAP's Prevention Decision Support System, which emphasizes prevention as a continuous process. For tools to carry out these steps, go to <www.SAMHSA.gov> (click on Prevention and go to Prevention Decision Support System).

Laying the groundwork—collect information that demonstrates and defines the problem in the community. Set priorities. Identify risk and protective factors.

Planning—organize local agencies and a dedicated core of individuals to decide on specific goals and actions. Select scientifically proven activities that match the community's objectives and resources. Write a strategic plan.

Taking action—turn the plan into real policies, programs, or activities. Get training and professional support as needed.

Ensuring continuation—incorporate policies and programs into community life to keep hard-earned gains from slipping away.

Measuring progress—keep collecting information about what's being done and the results. Evaluate activities and write reports to help increase participation and obtain resources.

Making changes—re-shape prevention activities to improve results and respond to changing conditions.

Additional Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.SAMHSA.gov

National Registry of Effective Prevention Programs

www.SAMHSA.gov/centers/csap/modelprograms

Decision Support System (PreventionDSS)

www.SAMHSA.gov

Click on Prevention, Prevention Decision Support System

National Clearinghouse for Alcohol and Drug Information (NCADI)

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1-800-729-6686

1-800-487-4889 TDD

1-877-767-8432 linea gratis en español

www.SAMHSA.gov

Click on Clearinghouses, NCADI

Office of National Drug Control Policy (ONDCP)

750 17th Street, NW.

Washington, DC 20503

www.whitehousedrugpolicy.gov

National Youth Anti-Drug Media Campaign

www.mediacampaign.org

www.freevibe.com (for youth)

www.theantidrug.com (for parents)

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard

Room 5213

Bethesda, MD 20892-9651

www.nida.nih.gov

www.nida.nih.gov/drugpages/MDMA.html

Community Anti-Drug Coalitions of America (CADCA)

901 North Pitt Street, Suite 300

Alexandria, VA 22314

(703) 706-0560

www.CADCA.org

Materials

To view the ecstasy teleconference, video, and PowerPoint presentation and to download the PowerPoint, go to <www.SAMHSA.gov>. Click on Campaigns & Programs and then the Drug Facts icon.

The ecstasy video and the following materials are free of charge and available through SAMHSA's NCADI at 1-800-729-6686. For each publication, the NCADI order number is listed in parentheses. Many of these materials also can be downloaded from NCADI's Web site at <www.SAMHSA.gov>. Click on Clearinghouses, and then NCADI.

Keeping Youth Drug Free: A Guide for Parents, Grandparents, Elders, Mentors, and Other Caregivers (PHD711)

This booklet presents action steps for adults who influence young people's lives.

Tips for Teens: The Truth About Club Drugs (PHD852i)

This brochure gives information about club drugs including ecstasy, GHB, Rohypnol, and ketamine.

Mind Over Matter: The Brain's Response to Hallucinogens (PHD803)

This fact sheet describes the effects of several drugs that change how a person perceives time and reality.

Treatment for Stimulant Use Disorders, Treatment Improvement Protocol (TIP) Series #33 (BKD289)

This book for clinicians reviews current knowledge about treating the medical, psychiatric, and substance abuse/dependence problems associated with the use of stimulants such as cocaine and methamphetamine.

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide (PHD734)

This NIDA booklet presents basic principles derived from effective drug abuse prevention research to help community leaders assess their local drug abuse problems and develop comprehensive drug abuse prevention strategies.

Prevention Enhancement Protocols System (PEPS): Keeping Children Drug Free: Using Family-Centered Approaches. Parent and Community Guide (PHD758)

This booklet identifies factors involved in substance abuse among young people and family-centered approaches to prevention.

Prevention Enhancement Protocols System (PEPS): Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches. Practitioner's Guide Series (PHD759)

This guide for prevention planners and implementers presents evidence-based prevention approaches focused on family factors.

Science-Based Substance Abuse Prevention: A Guide (PHD863)

This booklet highlights science-based prevention techniques.

Promising and Proven Substance Abuse Prevention Programs (PHD864)

This book is a compilation of known effective interventions, presented in a grid format and organized by risk and protection factors and domains.

Principles of Substance Abuse Prevention (PHD865)

This book discusses effective interventions to guide prevention providers in a structuring client services.

Using This Booklet

This booklet and the available PowerPoint presentation are resources for many possible activities to prevent and reduce the use and production of ecstasy:

- Drafting press releases
- Providing factual information
- Using ecstasy facts and statistics for events or community education
- Writing articles and newsletters
- Creating fliers, posters, and fact sheets for community partners and the public
- Including information in organizational Listserves and Web sites
- Responding to commentary and portrayals favorable to ecstasy and other drug use
- Developing presentations and talking points
- Hosting special events for legislators and other decision- and opinion-makers
- Obtaining additional information and materials.

Tips for Teens: The Truth About Club Drugs is a resource for outreach to youth. This brochure can be obtained by calling SAMHSA's NCADI at 1-800-729-6686. Allow 6 to 8 weeks for bulk orders. For immediate use, go to <www.SAMHSA.gov> and click on Clearinghouses, NCADI. Download the brochure and make copies.

“...the consequences of drug use among today’s teenagers will be felt for decades.

Therein lies the enormous challenge for our Nation. Drug use among today’s teenagers threatens to reverberate for years to come in areas as disparate as crime rates, the success of our Nation’s colleges, the productivity of our industrial base, and the cohesiveness of our families.”

(National Drug Control Strategy, The White House, February 2002)



NIDA NATIONAL INSTITUTE
ON DRUG ABUSE

CSAP Center for
Substance Abuse
Prevention
SAMHSA
Substance Abuse and Mental
Health Services Administration

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